

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
CORPUS CHRISTI DIVISION

United States Courts
Southern District of Texas
FILED

APR 20 2020

David J. Bradley, Clerk of Court

BOBBIE DAVID HAVERKAMP
PLAINTIFF

VS.

Civil Action 2:17-CV-18

Dr. MARGARITA de la Garza-Graham
Dr. CYNTHIA Jumper
Dr. BEN RAIMER
Dr. LANNETTE LINTHICUM
Dr. F. PARKER HUDSON
DO JOHN MILLS
* MS TAMELA GRIFFIN
Dr. HAROLD BERENZWEIG
MS ELIZABETH ANN LINDERS
MS MARY ANNETTE
Dr. MURRAY
Dr. Joseph Penn

DEFENDANTS

AMEND Pleadings per Court Order
Document Number 124 (1 page), Notice Numbers
20200403-71

* Your Honor, who is this person. She showed
up in your motion to dismiss. I've never
heard of her till now.

To the Honorable Judge of said Court,
Now Comes,
Bobbie David Haverkamp, #702013 A/K/A
the Plaintiff and submits an amended complaint
in Civil Action 2:17-CV-18 with motion to
Amend. The attachment is the complete
proposed amended pleading. The amended
complaint is filed before Friday, May 8.

Jurisdiction

The Corpus Christi Division has jurisdiction
over the suit due to all events happen in
the Corpus Division.

There is a open question of jurisdiction
that the defendants have raised but the Court
side-step the issue by moving into a Motion
to dismiss the Plaintiff's claim for failure to
State a Claim with prejudice.

The Plaintiff has been in the Corpus
Division since Jan 2017 and the jurisdiction
questions pops up all the time but its
Really a question between the Defendants
and the Corpus Bench.

The Plaintiff will let the argument
of Jurisdiction be among the Defendants
and the Court.

The Court should be aware the Plaintiff
can argue this issue of Gender Dysphoria in
any Court, any time, weather no problem
track conditions no big deal.

Gate Keeper

This Amended complaint is my third pass thru the gate keeper, the issue of Gender Dysphoria is complex and the Plaintiff does not feel the Court will assume all material facts contained in the complaint are true under the Davis/Monroe standard (119 S.Ct 1661), so the Plaintiff's Civil Action hangs by a thread, a very slender thread at that.

The Plaintiff feels the Court blindsided Civil Action 2:17-cv-18 with the Ashcroft/Igbal standard, (129 S.Ct 1937, 1949). The Plaintiff will operate under the Ashcroft/Igbal standard to present the amended pleadings.

Ashcroft/Igbal Standard 129 S.Ct 1937, 1949

The Plaintiff will quote some law to establish the Plaintiff's position but basically will leave law up to the Court — you learned it, study it, so basically your whole life is LAW.

The Ashcroft/Igbal Standard is sort of a goofy standard, the Plaintiff presents what has happened and the Court accepts the Plaintiff explanation, then turns to the State and says to the State — What's up, what's your explanation?

If there is an explanation of what happen to you that seems more plausible to the Court than what the Plaintiff alleges, then the Plaintiff's allegations are not plausible and the complaint does not state a claim.

The States alternate explanation must be so overwhelming that the Plaintiff's claims no longer seem plausible. see Rule 8 of F.R.C.P.

The Plaintiff has mixed feelings, Ashcroft, supra sort of throws us back to the Wild West Days where everyone stood before the Circuit Judge to explain their position.

The Supreme Court in Bell Atlantic ruled each element of the claim must meet the plausibility standard; stating, "a claim requires a complaint with enough factual matter (taken as true) to suggest the required element. This does not impose a probability requirement at the pleading stage; but instead simply calls for enough facts to raise a reasonable expectation that discovery will reveal evidence of the necessary element.

The complaint must give the Court reason to believe that the Plaintiff has a reasonable likelihood of mustering enough factual support for these claims.

UTMB's Computer

Your Honor, I'm going to bring up the UTMB's computers to bring you abreast of what is going on.

Lets go back to that Texas 5th Circuit case - Gibson - v. Collier, go to page 41 - Top of the page "conflicting medical opinions" (At oral Argument, neither party was aware of this evidence.

Your Honor, you want to explain to the Plaintiff why Gibsons attorney was not aware that a Doctor evaluated Gibson for a referral for sex change operation?

This sent red flags up everywhere, I went to Galveston and had the Gender Nurse pull up my files. Guess what, theres a Computer Lock on my medical files by Defendant Dr. Murry.

The Genuine Issue of Fact for this court, is the following in these medical files? -

In Document 62, filed in TXSD on 10/05/17 page 12 of 37, Case 2:17-cv-18

Oct 17, 2014 . . . Plaintiff was re-examined AND EVALUATED a second time by Dr. Walter Meyer, a Gender Identity Doctor and Psy Doctor.

- Dr. Meyer had a Nurse Hicks from Texas Tech Acted as a Liaison Agent

- Dr. Meyers told the Plaintiff after 12 months on hormones he would recommend surgery for Gender reassignment surgery.

- ~~same~~ report continues.

Your Honor, if these medical files have been messed with, we got a problem. The Court has 40 letters I've wrote to Dr. Penn, to Dr. Walter Meyers, Defendant Lemetta Livithorn and these letters establish I was being prepared for SRS (Sex Reassignment surgery)

They better be in the medical files.

I know for fact that Dr. Meyers received her because he showed me her folders they were real.

The Court needs to be aware that Dr. Meyers was brought to Galveston on loan to do the evaluation. Dr. Myers was not allowed to enter on UTM's computers, someone else did the entering.

The Court can get a feel for what was going on in the letters from 20 of 117 thru 110 of 117 Document 2 Filed 01/13/17.

I've enclosed I-60 about this stuff, it shows the Defendants were well aware of this Gender Surgery.

The I-60's are now a part of Civil Action 2:17-CV-18. Note to Clerk - These are originals and can't be replaced, they may be UTM's computers but they may not be.

AC - Trans Pride In time

assistance.

NOISIN

Therapy is to experience changes which are reversible
to Form

to see my treatment plan for GID including the surgery after 12 months and hormones as stated in the SOC which my eligibility date is Nov 1, 2015

I have wrote about an orchiectomy for the benefit of her adjustment and partial amelioration for gender dysphoria. What has happen to this treatment Plan, has it been processed?

Any help that would define a Surgery Date in the near future will be a plus, looking/awaiting your answer

Name: Bobbie David HAVERKAMP No: 702013 Unit: M/L

Living Quarters: 4012-15B Work Assignment: Garment Factory

DISPOSITION: (Inmate will not write in this space)

Schedule 106 of Amcure 7/24/15 500

JUL 24 2015

My notes: I saw Dr Kwan Teng on Aug 4, 2015 - The clinic notes indicate we never covered this.

R. Long 10-19-15

Oct 5, 2015

K. LONG
Practice ManagerTo McCowell Practice Manager
McCowell Unit

Hi,

① Dr Meyer's GID Doctor in his notes, made note of requested a Orchiectomy, Sept 15, 2015 visit

② Will I be sch to see Uroughy in Galveston?

Please await outcome of Any help will be appreciated
Formal grievance

Bobbie Haverkamp

Copy to Texas-Pale Institution

⑫

SUBJECT: State briefly the problem on which you desire assistance.

Here's the problem: Today is July 27, 2015 @ 4:29 pm and I have been informed utmb is out of my Estrogen — OK, then this means I will miss the A.M. Dose on July 28, 2015, So I am out 4 pills — The Body does not store Estrogen.

What is the procedure to make up the miss dosage?

Side Note: I am treating this as a problem anybody can have, it doesn't happen often — But I am in a New Phase and it's important it stays regular.

Name: Bobbie David Haverkamp

No: 702013

Unit: M/L

Living Quarters: 4D12-15B

Work Assignment: Cornett Factory

DISPOSITION: (Inmate will not write in this space)

COPY

⑧

- ① The Policy 51.11 there has been a revision to Policy 51.11 New page 1 of 1 Dated Aug 2015. This is a one page policy - What standard of care is this Policy now under? I need the references of where this policy came from.
- ② The Policy references the Medical Director (University) will be directly responsible to the Division Director for Health Services

- ③ Who is the Division Director for Health Services - is not in the Law Library I checked.

Name: Haverkamp Bobbie David

2013

Unit: M/L

Living Quarters: App Sq A-Pod

Assignment: Garment Factory

DISPOSITION: (Inmate will not write in this space)

This is not a SUR request.

JAN 05 2015

12A, 25

T. Bennett, M.D.

01/05/2016

☆1-60 (Rev. 11-90)

①

SUBJECT: State briefly the problem on which you desire assistance.

Hi, When I go to Galveston to see the Endocrinologist, my breasts are EXAMINED and measured. Also growth of Breast Tissue and Testicle Size is measured. I also get counseling on the testosterone problems I am having.

On March 28, 2015, I formally requested orchiectomy for the benefit of hormone adjustment. What has been taking place is not a roller coaster ride But more of a "Flash Card Ride". My Estrogen is fine but its the swapping of the testosterone that's the problem.

As the Practice Managers will you measure Breast growth and testicular size - Also, the Endocrinologist in Galveston discuss Orchiectomy surgery, which is just a "Daytrip" - Will you start the Process Copy: Trans. Puke.

Name: Bobbie David Haverkamp

No: 202013

Unit: M/L

Living Quarters: 4D12-15B

Work Assignment: Garment Factory

DISPOSITION: (Inmate will not write in this space)

The provider has medical authority over these requests. Practice Managers do not have a medical license. Any medical issues should be addressed with provider at time of visit.

☆1-60 (Rev. 11-90)

⑧

R. Romine, RN 72875

Ms Alexander - in the Standard of Care of the World Professional Association for Transgender Health on page 26 #5 IS Applicable, Assess Eligibility, Prepare, and Refer for Surgery. It says Mental Health Professionals can help clients who are considering surgery to be both psychologically prepared and practically prepared.

I am at the point where I've been 12 months on Hormones before Surgery - What's the Psy Dept role now? Do we have any films or what? I am very much considering surgery and to be prepared. Oh - in October, I start my 4th year at this. It's time for a cure.

Name: Haverkamp Bobbie David No: 702013 Unit: M/L
Living Quarters: 3C-64B Work Assignment: Garment Factory

DISPOSITION: (Inmate will not write in this space)

My work
with Dr. Few
on Sept 25, 2015
Ms Bennett said she
was directed could not
talk about GI ID

9/21/15

J Carlisle, MHC

MAY 31, 2016 From Ms Bobbie

To State Prisoners: Sgt Meyers, there is nothing in that allows you to put when I haven't ask for it. You moved. Dorms Based on Shower policy, would your moving me to the H-Pod safe keeping Based on "What actual threat?"

- ① A imaginary threat won't work when I've been in G.P for 5 years.
- ② I don't have a Bra and under no excuse
- ③ In other words I feel all your Sergeanting me more + more. No Job, on the B-Side where the guards talk at you and in the Craftshop going to let transgenders have their own space

In your report, the Macdonell local doctor said "There are now 38 transgenders (Before I was the only one). The Bridge we are crossing is Housing for Transgenders. I am 2 years ahead of everyone and Safe Prisons (our guardian) has no ideal on housing. We are in General Population but as we take Hormones and they are increased, noticeable changes occur. We need a "trip wire" that Safe Prisons can use to take a second look at our housing. Right now I am landed for Safe Keeping. I'm going to protest because there's no credible threat AND it should be my choice with counseling from "By". My trip wire was the June meeting, here we were going to discuss with a surgeon surgery, changing and doing the shots — which I am more than ready for, this JAM is for the Birds.

The next housing and work, Safe-Keeping is segregation deluxe but now work. I work in the Garment Factory, any problems of not going to work because of Safe Keeping screams of discrimination. And I will file. End of Story

SUBJECT: State briefly the problem on which you desire assistance.

Formal I-60

- ① I need to get a firm confirmation about Gender Reassignment Surgery — Dr. Myer said he wanted me on 5mg Hormone shots for a year before recommendation for Gender Reassignment Surgery.
- ② Before this I want you on 5mg/Pills for a year — we switch to shots, he said it was the same as 5mg of shots. And I was 3 months into the 12 month requirement. I completed this in 11/03/2016

Dr. Joseph, I want to know what the requirement is, I want you to tell me. There's too much confusion coming out of the CID since

Name: Haroldamp McBobbie David

No: 702013

Unit: 7176

Living Quarters: Seg A-3

Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

Dr K - Hi, I'm Back from the Gen Clinic in Galveston. OK, we need to review the Blood work. My Estrogen level is 50 and testosterone level is 20. The Gender Doctor said I had to be on these levels for 12 months before surgery and I had 3 months done, so 9 more months then reassignment surgery. Also, in 90 days he's switching me to hormone shots.

Q. How often do I get hormone shots? What dosage?

Q. When do you start me on Electrolysis, down there? where you use electrical current to zap the hair.

Also, Breast Tissue growth is coming along nicely - Say any word on the Bra's - or is the world really flat and they fell off?

Name: Haverkamp Bobbie David

Unit: ML

Living Quarters: Appt Sq A-64

DISPOSITION: (Inmate will not write in this space)

PSC-03/14/16 0700

MAR 14 2016

Irene B. Cussins RN, BSN

☆I-60 (Rev. 11-90)

Now what's the point? first UTMB computer may have been messed with, second all the letters to the Defendant may not be in the computer but the Court has enough Medical I-60 that breach the subject matter of SRS surgery and they got date stamps.

The other main point is under G.II/Reed, 381 F3d 649, 660 (7 Cirant) the Plaintiff may rely on his treating physicians to establish the standard of care, even if those physicians are agents of defendants.

○ Your Honor, lets move on, we will pick up Gill / Reed in a moment, right now I got a bone to pick with you over Equal Protection.

Equal Protection

○ Your ruling that moved to dismiss Civil Action 2:17-CV-18 was based on the fact the Plaintiff is not similarly situated to cisgender female inmates and I sought different types of medical procedures and therapy compared to procedures and related therapy for cisgender inmates, and such differences are due to the fact that the Plaintiff as a biological male, does not have a vagina while a cisgender female does.

Your Honor, your off base, missed the target.

ch, the Plaintiff, did not go to the feminine side of the ledger, the feminine side cross over to the masculine side and set up camp.

○ The Defendants hired Dr. Meyers to examine me, the Defendants approved

Dr. Meyers right to prescribe and he prescribe SRS surgery after 12 months on hormones.

The Defendants hired Ms Alexander to give me counseling as a woman she recognize me to be. The peniss never enter the picture. The Plaintiff was counsel on Kissing, companionship, marriage, sex, the give and take in male/female relationships. After 18 months of counseling, there's not much Ms Alexander didn't cover except is it proper to kiss a man with gum in your mouth.

The Defendants compare my development to a cisgender woman, the Defendants recognize me as woman.

So, when you double against me using Equal Protection giving the Defendants a way out, not recognizing that Gill/Reed said I may rely on my treating physicians to establish the standard of care, even if those physicians are agents of the Defendants.

The Defendants are refusing to accept responsibility that the standard of care for the Plaintiff was to provide SRS surgery.

So against my will the Defendants have turn me into a eunuch.

Your Honor — you've study law, the script in front of a jury will go like this.

Counsel for the Plaintiff: Ladies and gentlemen of the jury. The CMHC committee is composed of 10 men and women who are not Medical people and a expert in Gender Dysphoria. They hired Dr. Myers to prescribe treatment to the Plaintiff, which Dr. Myers did, the Plaintiff expected SRS surgery after 12 months on hormones.

The CMHC committee pulled Dr. Myers right to prescribe, would not honor SRS surgery thus turning the Plaintiff into a eunuch.

Counsel for the Plaintiff to the District Judge:

Your Honor, please have the Defendants deposit their rings, jewelry, Bonds, Cash on Hand, 401K Plans, retirement funds, Overseas Bonds and Stocks as they leave out the front Door.

I'm feeling generous today, they can keep their shirts and their Back, but leave their car keys.

≡

Your Honor, this is a genuine disputed issue of material fact, Does the CMHC Committee have a right to turn me into a eunuch against my will. Let a jury decide.

Legal Claim # 1

Legal Claim #16

○ Your Honor, everyone has bought into the illusion that the CMHC committee is treating the Transgender, if you buy into this you're not fully on point. The Defendants are treating the Heterosexual male that shows symptoms of Gender Dysphoria. The Defendants operate under the Maggest-v-Hawks standard that prisoners are entitled to minimal medical care. (131 F3d 670, 671-72, 7th Circuit 1997), hence you're only provided hormones and a sports bra.

○ Dr. Meyers bought into the illusion too, he came into Galveston Hospital with the thinking he was treating under the World Professional Association for Transgender Health A/K/A WPATH and he followed the guidelines for Transgender Health care under these guidelines.

The CMHC committee quickly brought him in the stark reality that the Defendants are operating under minimal care only and that's a sports Bra and Hormones.

They also shut Ms Alexander and Ms. Bernits up — this is all in my letters, so its not new evidence.

I am too far into the pipeline, also Texas Prisons have me listed as a Transgender inmate, they treat me as being very, very feminine and take measures to protect my safety under PREA Guidelines.

The Legal Bench brings up the question am I being treated different from other transgender inmates, your honor this is a trick question.

The legal argument has material into does the actions of the Defendants provoke the Plaintiff and other transgenders with a significant measure of relief.

Surely, the Plaintiff's and the Defendants can agree that Hormones and a Bra are certainly not significant measures of relief.

Say, this is a question of material fact and a jury needs to decide this question.

In front of a jury lets present this:

The Defendants say a Bra and Hormones is all they have to provide under Maggett/Hawks supra, its minimal care and significant relief is of no consideration.

The Plaintiff says to provide significant relief the Transgender must be provided with Hormones, electrolysis, feminine clothing and accessories and health services.

The Plaintiff operates under Gibson/Collier supra that adopted Koslosk, 774 F3d @ 68-96

...

Your Honor in keeping with the Ashcroft/Iqbal supra standard its my explanation and its a plausible question for the Bench to answer — there's really no law just material fact. If your not allowed to decide, then to a Jury we go.

Lets take a Break

Your Honor, I need to present some evidence to the Court to counsel out the significant relief question.

○ Your Honor, I do not look on the CMHC committee as evil people or bad people, they are really good people but are stupid.

It's the lack of being able to absorb new ideals that is tripping me up. Sure they operate under TDCJ prison system and use TDCJ like a whipping boy saying "Oh, they won't let us do this Significant Relief."

Your Honor, that's not correct.

○ Here's the policy on Long Hair — part of significant relief for Transgender, I'll do this by the numbers so nothing is lost.

Defendants Discriminate by Sex-Stereotyping the Plaintiff

1) The Defendants sex-stereotype the Plaintiff for not providing a Medical Pass for the Plaintiff to grow her hair to shoulder length.

2) Local Medical providers when ask for such a pass, in accordance to Non-invasive treatments approved by the 5th Circuit in Gibbons/Collier supra claim TDCJ won't let them.

3. However TDCJ grooming standards

AD-03.83

Allows for full length to shoulder hair due to documented Medical or religious exceptions).

Your Honor, that's the policy for TDCJ, real simple.

4) TDCJ presently allows inmates of the "Sei HK" religious or American Indians to wear long hair.

5) TDCJ has no policy, nor custom that denies long hair for medical or religious.

6) We have just examined TDCJ Policy and found no instance where "Long Hair to Shoulders" are being denied by TDCJ in accordance to Significant Relief under the 5th Circuit Rulings.

7) Now lets examine the Defendants medical policy:

8.

CMHC - A-08.8 Policy

"A healthcare provider may order a medical pass for any offenders with medical needs that cannot be met without special accommodations. Such passes are to be based strictly on medical needs and should not alter or interfere with security operations except as absolutely necessary for the patient's health and safety.

9) The Court can plainly see that, although the policy allows it yet the Plaintiff is discriminated and sex-stereotyping because of the denial of the Significant Relief by the Defendants against their own policy.

10) Therefore, if the Defendants cannot provide the Courts with a specific directive from TDCJ, or a specific individual / directive who / or acted, or presented a directive that is contrary to codified Medical Policy A-08.8 is doing one of three things:

1) either lying to the Courts by claiming TDCJ won't let us issue long hair passes

or

2) they are impinging on the Plaintiff's Constitutional Rights of their own Accord.

or

3) there is collusion between TDCJ and UTMB for joint impinging without due process.

There is no significant governmental issues pertaining to the denial of non-invasive treatment for Gender Dysphoria, nor any governmental issues pertaining to the issue of a long hair pass to shoulder length, not to issue these passes discriminates against the Plaintiff as a transgender for having Gender Dysphoria and sex-stereotypes her to be male, look male, act male.

Your Honor, I have a Doctor's Degree in Thology I am not allowed to bring suit against anyone for the sole purpose of money, when you do that its wrong. Yet the party responsible has to take on responsibility to provide relief such as the Defendants in medical care.

The Defendants continue release on Maggett/Hanks standard that Transgender prisoners are entitled to menema medical care, serious thological questions are raised.

The following page is the direct result of Maggett/Hanks, it is not pretty and it real.

All TDCJ
r your state
representative
r an advocacy
oup to help
change
olicy and
ave
axdollars!

Unit Beaumont Tx.



This is an accurate depiction of my tattoos. I only have a state issued spica bra on. The body build is close as a severe sufferer of Gender Dysphoria I obsess uncontrollably over the removal of my genitals. On numerous occasions I've attempted self castration and a partial penile amputation. I write this and drew this picture to bring to light the suffering some of us trans women must endure. The window-dressing policy of: (non)-treatment TDCJ offers is insufficient, to leave us suffering and severely ~~distre~~ distressed. If the TDCJ would allow us to have access to gender-related items at our expense from commissaries and allow us to grow hair like they do at women's facilities this would help alleviate the symptoms of G.D. Instead TDCJ would rather keep archaic policies in place and spend taxpayer dollars to enforce policy that is against the treatment the doctors order. So here is a recap. Treatment be ~~at~~ allowed at offenders expense. Stops TDCJ from paying attorneys fees from Tax dollars and incur no medical bills to fix the mutilation the symptoms G.D. cause and stop the wanton suffering of us TRANS women.

So does TDCJ's cruel policies and archaic bigoted discrimination make self castration and penile amputation **INEVITABLE?**

AFFADAVIT FROM S.K. VINSON #1595965

TO THE HONORABLE JUDGE OF SAID COURT:
MY NAME IS SELENE KELLY VINSON, AKA SHAWN KELLY VINSON. I AM A TRANSGENDER WOMAN ASSIGNED TO THE MARK W. STILES UNIT OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE-INSTITUTIONAL DIVISION.

I AM DIAGNOSED WITH GENDER DYSPHORIA AND AM IN SOME SIGNIFICANT RELIEF THAT IS DESCRIBED BY THE FIFTH CIRCUIT COURT IN GIBSON V. COLLIER SUPRA. NOT ONE TIME HAS THE DEFENDANT PROVIDED ME WITH SIGNIFICANT RELIEF.

HERE IS A BRIEF SYNOPSIS of MY MEDICAL ~~XXXX~~ HISTORY AND 'HOW' THE DEFENDANTS DENIED ME ANY SIGNIFICANT TREATMENT TO RELIEVE THE SYMPTOMS OF MY SEVERE GENDER DYSPHORIA. SUBSEQUENTLY THIS HAS LEAD TO, AND DOES LEAD TO DEBILITATING DISTRESS, MENTAL TORTURE, SUICIDAL IDEATION, DESTRUCTION AND ~~XXXX~~ CONSIDERABLE DAMAGE via GENITAL MUTILATION.

THESE PROBLEMS CAN AND ARE PREVENTITIVE WHEN GIVEN MEANINGFUL AND SIGNIFICANT RELIEF! THE LEVEL OF SAID RELIEF ADOPTED BY THE FIFTH CIRCUIT.

I HAVE PREVIOUSLY SEVERED MY PENIS, EXCISED 2.5 cm OF SKIN FROM MY PENIS, EXCISED QUARTER SIZED CHUNKS OF MY SCROTAL SACK AND DISCARDED THEM. I HAVE ON ONE OCCASION ATTEMPTED SUICIDE WHICH WAS CAUSED BY THE DISTRESS OF FORCED MACULINITY BY THE DEFENDENTS.

ALTHOUGH DEFENDENTS HAVE ACKNOWLEDGED THE NEED FOR RELIEF AND ARE ALSO AWARE THAT SIGNIFICANT RELIEF CAN BE OBTAINED BY THE AFOREMENTIONED NON-INVASIVE THERAPIES, DEFENDENTS PERSIST TO DENY AT ANY AND ALL LEVELS THESE PROVEN SIGNIFICANT RELIEF THERAPIES, AND GENDER AFFIRMING TREATMENTS ~~XXXX~~ TO ALLEVIATE THE PREVIOUSLY MENTIONED SYMPTOMS OF MY SEVERE GENDER DYSPHORIA.

I SELENE KELLY VINSON, AKA, SHAWN KELLY VINSON DO HEREBY ATTEST AND SWEAR THE ABOVE ~~X~~ AFFADAVIT IS TRUE AND CORRECT AND I FURTHER UNDERSTAND UNDER THE PENALTY OF PERJURY I COULD BE PUNISHED FOR ANY THING I WRITE THAT IS A LIE.

RESPECTFULLY, SUBMITTED


SELENE KELLY VINSON

AKA
SHAWN KELLY VINSON
TDCJ# 1595965
mark w. stiles unit

01-17-2020

Your Honor, let go back to that trick question you've asked:

do the Plaintiff being treated different from other transgenders?

Plaintiff's Answer:

No claim not, the Defendants do not provide no Transgenders any significant relief under the Gibson/Collier standard *supra*.

The Court just examined *Seane* Affidavit and the horror that's is taken place under the Maggett/Hanks standard. The Defendants use this ruling to deny medical care and to increase profits.

When the 5th Circuit adopted *Kosilek* *supra*, they are comparing how Massachusetts Transgenders prisoners are being treated with a Texas Transgender Prisoners.

Here's the example that will satisfy the Ashcroft/Iqbal standard of ~~for~~ heightened pleading requirement and adds to the Plaintiff's plausibility of Legal Claim #16

Texas inmate Gibson ASK for Gender Reassignment surgery. Gibson / Collier supra

The Texas 5th Circuit ruled that Massachusetts Prisoners were faced with two alternatives:

1) Significant Relief in the form of hormones, electrolysis, feminine clothing and accessories, and mental health services.

or

2) Sex Reassignment Surgery

The Massachusetts 1st Circuit adopted the Significant Relief and denied SRS due to the Medical firestorm in the Medical community.

There's no point in the Plaintiff doing a rehash of Gibson / Collier, but the fact remains that the 5th Circuit adopted Kosilek's 1st Circuit rulings of Significant relief and SRS Surgery. So, SRS surgery is possible under the 5th Circuit, if you can overcome SRS Surgery is a hot topic.

Now under Maggert / Hanks the Defendants can offer only a Bra / Hormones, they are legal in a Court of Law.

The 5th Circuit with the adoption of Kosilek, the Court introduces revolutionary concept of Law that when dealing with Transgender Health does the Defendants medical practices meet the standard of prudent professionals and both the SRS surgery and Significant Relief provide the Plaintiff with Significant measure of relief. Are they providing it?

Legal Claim #16 is only about Significant Relief. I'm asking the Court to focus only on non-invasive treatments for Gender Dysphoria in Legal Claim #16

The 5th Circuit added to the CMHC committee Policy G-51.11 the fact the policy had to include hormones, electrolysis, feminine clothing and accessories and mental health services.

Your Honor, UTMB Medical Contractors the Defendants have not adopted the WPATH Standards of Care for Transgender. They got it in the Reference, but its only for public consumption. It looks good and in a persons mind the public will think its part of the G-51.11 policy but it isn't.

The Plaintiff brings to the Bench, she is being denied "Significant Relief" by the Defendants. The Defendants have failed to provide "Significant Relief" of electrolysis, feminine clothing and accessories and mental health services by not providing it to the Plaintiff.

The Plaintiff has satisfied the heightened pleading requirements of the Ashcroft/Iqbal Standard by providing the court with evidence that the 5th Circuit has defined what Significant Relief should be in regards to Transgender health.

The Plaintiff has brought evidence that Transgenders in the 1st Circuit are being treated different from a Transgender in the 5th Circuit.

The Plaintiff has brought evidence the Defendants only provide Breast Hormones that do not provide any significant Relief. The Defendants have muzzled the Gender Clinic Doctors that they may only prescribe Breast Hormones, the Defendants take it on themselves to be Gender Doctors. The Defendants have no experience and are responsible for the short comings in Medical Care for Transgenders.

Your Honor, to settle this claim if the Defendants will furnish the Significant Relief as outlined by the 5th Circuit and provide a list of what the relief will be the Plaintiff will enter into negotiations to settle this claim. We then can come before the Court to explain the settlement, this also gives the Court time to look every thing over And double ck to see if the Plaintiff understands what legal rights are involved.

So Prays the Plaintiff
 Ms Bobbie David Haverkamp

Legal Claim #16

The Plaintiff feels she has satisfy the heightened Pleading requirement of Ashcroft/Iqbal.

The Plaintiff's understanding is she doesn't have to throw law at the Court only show facts that taken as true makes her claims plausible.

So understands the Plaintiff

Ms Bobbie

The States Alternate explanation must be so overwhelming that the Plaintiff claims no longer seem plausible — I expect to see facts.

Ms Bobbie

Legal Claim #217

Your Honor, when presenting Legal Claim #2 I would like to do us both a favor, with your approval — Lets skip all the medical definition of Gender Dysphoria.

Lets get right to the heart and problem of the 7th Claim — Gender Reassignment surgery.

We are still operating under Ashcroft / Iqbal Standard, so I got to present to you what has happened and you got to accept my explanation as true but Iqbal standards says I got to present to you enough facts to raise a reasonable expectation that discovery will reveal evidence of necessary element.

Your Honor when I do this your going to turn to the State and want their explanation. Now, I'm expecting the States alternate explanation to be so overwhelming that my claims no longer seem plausible.

Now, the Texas Attorney General Corbetta and that Pickens Group is hard to handle on legal procedures, have hit me with their legal whip a couple of times and it hurts.

This Iqbal Standard, by my understanding, is about facts not legal

maneuvering. The standard keeps everyone real honest, it sort of changes the landscape on ~~future~~ to state a claim.

The problems I see coming up, I'm going to hit you with facts — the State puts your facts. Both of us have competing views... These are facts, not law — What's the game plan then? If I'm all facts, there's no law to decide — jury here we come??? Yours the Judge give me law.

Legal Claim #17

The issue before the Court is the Plaintiff was promise Sex Reassignment Surgery AKA S.R.S. and the treatment of Heterosexual Male, SRS is a viable option for the treatment of Gender Dysphoria.

The 5th Circuit with the adoption of *Kosilek*, 774 F3d @ 68-69. recognized that there are two treatments to Gender Dysphoria

① The First is Significant Relief, which we need not address due to its in Legal Claim #16

then there is the Second Option
of Sex Reassignment Surgery.

The Plaintiff says time has marched on and Medical Science has proven that SRS is effective and safe with the cornerstone of the Gibson/Collier, John Hopkins School of Medicine discovered new facts that proved SRS was safe and effective, and resumed SRS at John Hopkins School of Medicine.

The State when trying to quote John Hopkins over against SRS is rendered moot by the fact John Hopkins School of Medicine resumed SRS and considered it safe and effective.

Your Honor, the State cannot in this instance borrow evidence, it has to present its own evidence — this is what the 5th Circuit said. So in keeping with the Iqbal Standard and the 5th Circuit, evidence SRS is unsafe has to be overwhelming to defeat the Plaintiff's claim in this case.

if the State tries to advance the argument that SRS is banned in Texas that is not correct. The First Circuit made it quite clear that the denial of SRS in Kosick's case was not meant to "create a de facto BAN against

○ SRS as a medical treatment for any incarcerated individual, as such any Blanket Policy regarding SRS "would conflict with the requirement that medical care be individualized based on a particular prisoners serious needs,

Your Honor, this dovetails right with the 5th Circuits view theres two options to treating Gender Dysphoria — Significant Relief and SRS.

Gibson didn't ask for Significant Relief, he wanted SRS but was denied because there is questions about its safety and effective.

There is no Band on SRS in the 5th Circuit. The Plaintiff is perfectly within bounds of law to expect SRS from the Defendants as they promised and prepared me for SRS.

Here's my evidence the Defendants themselves gave me to prove to me that it was OK to take hormones for 12 months then get SRS and CURE the Gender

○ Dysphoria

Next Page — Here's my evidence.
The Defendants gave me — their computers.

This is right out of UTM B's computers, gave to me by Ms. Williams, practice manager UTM B.

- ① Hughes I A, Hook, C.P, Ahmed, S.F.
Lee, P.A. Se L.W. Res I/ESPE Consensus
Group (2006); Consensus Statement on Management
of intersex disorders, Archives 101:10, 1136 /Add
2006-098319
- ② Patient Reported Complications and Functional
Outcomes of Male to female Sex Reassignment
Surgery
Archives of Sexual Behavior, A.A Lawrence
(2006) 35:6, 717-727, IO: 10:1007/s 10508-
006-9104-9
- ③ The Transgender Voice, Management of
The Journal of Laryngology, 120(07)
(2006), 521-523 doi: 10.1017/S0022215106001174
- ④ Female-to-Male transgender Equality of Life
Quality of Life Research, 15(9), 1447-1457,
doi, 1007/s1136-006-0002-3.
- ⑤ Stages of the Transgender Coming Out Process
+ Towards integrated identity, (2007)
Ethner, S. Monstrey, A Eyles CEds,
Principles of Transgender medicine and
Surgery (pp.185-208), New York, N.Y The
Haworth Press.

- ⑥ Principles of Transgender Surgery and Medicine (2007)
COP 33-72 : Recent Developments, effectiveness,
and challenges.

Annual Review of Sex research, 18, 178-229

- 7) Surgical Treatments of Gender Dysphoria in Adults and Adolescents : Recent Developments effectiveness and challenges.

Annual Review of Sex research, 18, 178-229

- ⑧ American Medical Association (2008) Resolution 122CA-08. www.ama-assn.org/ama/pub/upload/mm/477/122.doc

- ⑨ Real life experience : from gender dichotomy to Gender Diversity sexologies

, 17(C4)(4), 211-224 doi: 10.1061, sexol(2008), 001

- ⑩ Perception of Voice Transgender Client 2008

McNiel, E, J.M. Wilson, J.A. Clark S. & DeKin
Journal of Voice, 22(C), 727-733, doi:10.1016/j.jvoice, 2006.12.010.

- ⑪ World Health Organization 2008

The World Health report 2008, Primary Health Care now more than ever. Geneva, Switzerland World Health Organization.

⑫ World Professional Association for Transgender Health 2008

WPATH Clarification on Mental necessity of treatment in the U.S.A.

Retrieved from H+P.II, www.WPath.org
document / Med: 20 Dec 90 2004 / 02020896
20 Letterhead

⑬ Toward Version 7 of the World Professional Association for Transgender Health Standards of Care

Hormone and Surgical Approaches
(Coleman 2009)

⑭ International Journal of Transgender to treatment

11(3) 141-145, doi: 10.1080/115532730903383740

⑮ Hormone therapy in Adults suggested revisions to the 6th version standards of care

International Journal of Transgenderism
11(3), 146-182, doi: 10.1080/115532730903383757.

⑯ Depth Psychotherapy with Transgender people, sexual and Relationship Therapy

24(2), 126-142 doi: 10.1080/1468199090303873

- ⑪ E-therapy Ethical and Clinical consideration
for version 7 of the World Professional
Association for Transgender Health Standards
of care

International Journal of Transgenderism
11(4), 247-263 doi: 10.80/15532730903437492

- ⑫ Epidemiology of Gender Identity Disorders
Recommendations for Standard of Care
of World Professional Association for
Transgender Health

International Journal of Transgender
ism, 11(1), 8-18 10.1080/155327309027
99946

- ⑬ A Five year followup Study of Swedish
Adults with Gender Disorder

Archives of sexual Behavior, 39:6
1429-1437, doi: 10.1007/s10508-009-
9331-1.

- ⑭ Hormonal Therapy and Sex reassignment
A systematic review and Meta-analysis
of quality of life and psychosocial outcome
clinical endocrinology.

72(2), 214-231. doi: 10.1111/j.1365-
2265.2009.03265.x.

(21) Sexual Functioning in Transsexuals Following Hormone therapy and genital surgery.
The Journal of sexual medicine
6(11) 2922-2939 doi: 10.1111/j.1743-6109.2009.01370.x.

(22) Quality of Life 15 years after sex reassignment and sterility.

(23) The ten tasks of transgender Health Provider
International Journal of Transgender Health
11(2), 74-99 doi:10.1080/15532730903008032

Your Honor, this is a particular set of facts right from the Defendants own computer, this is not made up — it came from the WPATH standard of care that Ms Williams showed me and gave me.

This satisfies the Ashcroft/Iqbal Standard of the heightened pleading requirement and more than proves my claim is plausible.

Your Honor this barely closes legal claim #17. It's not my burden to carry if SRS is unsafe that's the State and they don't have the luxury of using Kosike's supra witness statement when John Hopkins School of medicine resumed SRS.

The Defendants have to now put up a Factual argument that is so overwhelming that the Plaintiff claims no longer seem plausible.

I will be wanting to read this Argument, if they pull it off it will rank right up with Johnny Cochrane quote "If the gloves don't fit you got to acquit" of the O.J. Simpson trial.

All of the cites are evidence the Defendants gave me to prove SRS was safe and they chemical castrated me. I believed my Doctor, under Gill/Reed I can depend on him for the Standard of Care.

The Ashcroft/Iqbal standard is satisfied according to the Plaintiff's understanding

So understands the Plaintiff

Ms Bobbie

4-14-20

Certificate of Service

The Plaintiff Certificate that it was
drop in the Texas Prison mailbox on 4/15/20
at 1:00 pm to be delivered to the Clerk of
the Courts at 1133 N. Shoreline Bld, Ste 208
Corpus Christi, Texas 78401-9911.

★ ★ — Notice — ★ ★

The Plaintiff is on a very serious
Quarantine Lockdown and has no way
to reproduce any of this.

The Clerk of the Courts is asks to
give this to the Judge and forward it
to the Texas Attorney General and
John R. Strawn, of Strawn Pickens L.L.P.
Group.

Strawn Pickens L.L.P.
Pennycol Place, South Tower
711 Louisiana, Suite 1850
Houston, Texas 77002

Texas Attorney General
Law Enforcement
P.O. Box 12548,
Capitol Station
Austin, Texas

78711

The Plaintiff swears on penalty
of perjury the foregoing is correct to the
best of the Plaintiff knowledge

Also, the Prison Commissary is out
of carbon paper so I can't make copys.

This was mailed 4-15-20 @ 1:00pm.
So swears the Plaintiff

Ms Bobbie Lee Haverkamp